

प्रेषक,

दुर्गा शक्ति नागपाल,
विशेष सचिव,
उ०प्र० शासन।

सेवा में,

1. कुलपति, किंग जार्ज चिकित्सा विश्वविद्यालय, लखनऊ/यू०पी०यू०एम०एस०, सैफई।
2. महानिदेशक, चिकित्सा शिक्षा एवं प्रशिक्षण, उ०प्र०, लखनऊ।
3. निदेशक, डा० राम मनोहर लोहिया, आयुर्विज्ञान संस्थान, लखनऊ/एस०जी०पी०जी०आई०, लखनऊ/जी०आई०एम०एस०, ग्रेटरनोएडा /एस०एस०पी०एच० एण्ड पी०जी०टी०आई० नोएडा।
4. प्रधानाचार्य, राजकीय मेडिकल कालेज, आगरा/मेरठ/प्रयागराज /कानपुर/झांसी/गोरखपुर /अम्बेडकरनगर/आजमगढ़/सहारनपुर/कन्नौज/जालौन/बोंदा/बदायूँ।
5. प्रधानाचार्य, स्वशासी राज्य चिकित्सा महाविद्यालय, बहराइच/शाहजहाँपुर/बस्ती/अयोध्या/फिरोजाबाद/एटा/हरदोई/सिद्धार्थनगर/देवरिया/ गाजीपुर/मिर्जापुर/प्रतापगढ़/फतेहपुर/जौनपुर।
6. निदेशक, हृदय रोग संस्थान कानपुर/जे०के०कैंसर संस्थान, कानपुर।
7. निदेशक/प्रधानाचार्य, समस्त निजी मेडिकल कालेज/संस्थान।

चिकित्सा शिक्षा अनुभाग-1

लखनऊ: दिनांक: 22 दिसम्बर, 2022

विषय:- कोविड-19 के नये वैरियेण्ट(बीएफ.7) से बचाव एवं उपचार तथा प्रबन्धन के संबंध में।

महोदय,

आप अवगत है कि कोविड-19 के नये वैरियेण्ट(बीएफ.7) से बचाव एवं उपचार हेतु तत्परतापूर्वक कार्यवाही किये जाने की आवश्यकता है। इस हेतु डा० आर०के० धीमन, निदेशक, एस०जी०पी०जी०आई० की अध्यक्षता में गठित सलाहकार समिति द्वारा रिपोर्ट(प्रति संलग्न) प्रेषित की गयी है।

2-कोविड-19 के नये वैरियेण्ट के बचाव एवं उपचार के दृष्टिगत निम्नानुसार कार्यवाही किये जाने की आवश्यकता एवं अपरिहार्यता है-

1. यह ध्यान रखा जाए कि इस वैरियेण्ट से पैनिक होने की आवश्यकता नहीं है, बल्कि पूर्ण सजगता एवं तत्परता बरती जाए।



1. CWS/MS/1/2 OPD
2. All students / faculty members.
3. All Employees / Notice Board
4. Institute website

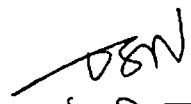
23/12/22

Director
SSGPGIMS, Lko.

2. जांच प्रक्रिया में तेजी लायी जाये। रिपोर्ट पॉजीटिव होने की स्थिति में जीनोम सीक्वेंसिंग की जाये। इस हेतु सारी व्यवस्था सुदृढ़ की जाए। वर्तमान में केओजीओएमओयू एवं जिम्स, नोयडा जीनोम सीक्वेंसिंग के लिए तैयार हैं।
3. समस्त प्रधानाचार्य/निदेशक यह सुनिश्चित करेंगे कि कोविड प्रोटोकॉल के समय डाक्टर, पैरामेडिकल स्टाफ, मरीज, एवं तीमारदार के लिये पूर्व में किये जा रहे उसी व्यवहार का अनुपालन तत्काल प्रभाव से कराया जाये। इस हेतु संस्था के स्तर पर ही दिशा निर्देश तत्काल निर्गत कर दिये जाए।
4. कोविड संक्रमित मरीजों के लिए पृथक से आवश्यकतानुसार कोविड वार्ड आरक्षित कर लिया जाये।
5. ईओआईओसीओयू के कार्यक्रम को पुनः संचालित किया जाए। पूर्व में चिकित्सा एवं स्वास्थ्य विभाग तथा चिकित्सा शिक्षा विभाग के लोग जो टेलीमोड में ट्रेनिंग करते थे, उसे भी प्रारम्भ कराया जाए।
6. जिन स्थायी/आउटसोर्सिंग हेल्थ वर्कर को वैक्सीनेशन की बूस्टर डोज नहीं लगी है, उनका वैक्सीनेशन कराया जाए।
7. हेल्थ वर्कर की कमियों को पूर्ण कर लिया जाए।
8. 60 वर्ष से अधिक एवं को-मॉर्बिड मरीजों का विशेष ध्यान दिया जाए।
9. कोविड 19 की तृतीय लहर के समय पीडियाट्रिक आईओसीओयू एवं सामान्य आईओसीओयू का मॉकड्रिल कराया गया था। उसी भांति आगामी दो दिनों में मॉक ड्रिल करा लिया जाये।
10. वेन्टीलेटर की क्रियाशीलता चेक कर ली जाये।
11. कोविड-19 के नये वैरियेण्ट की चुनौती से निपटने के लिये आवश्यकतानुसार प्रोक्योरमेण्ट आदि की कार्यवाही पूर्ण कर ली जाए।
12. जिला अस्पताल से उच्चकृत किये गये मेडिकल कालेजों को डेडीकेटेड कोविड अस्पताल अधिसूचित किये जाने हेतु चिकित्सा एवं स्वास्थ्य विभाग से समन्वय स्थापित किया जाए।

3- अतः कोविड-19 के नये वैरियेण्ट(बीएफ.7) से बचाव एवं उपचार के दृष्टिगत सलाहकार समिति की रिपोर्ट में उल्लिखित एडवायजरी एवं तत्क्रम में उपर्युक्तानुसार दिशा-निर्देशों का कड़ाई से अनुपालन सुनिश्चित कराने का कष्ट करें।
संलग्नक-यथोपरि।

भवदीया,


(दुर्गा शक्ति नागपाल)
विशेष सचिव।

संख्या-उपरोक्त, तदिनोंक

प्रतिलिपि निम्नलिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित:-

1. अपर मुख्य सचिव, मा० मुख्यमंत्री जी, ३०प्र०।
2. प्रमुख सचिव, चिकित्सा एवं स्वास्थ्य विभाग, ३०प्र० शासन।
3. प्रमुख सचिव, गृह विभाग, ३०प्र० शासन।
4. प्रमुख स्टॉफ ऑफिसर, मुख्य सचिव, ३०प्र०।
5. निजी सचिव, मा० मंत्री जी, चिकित्सा शिक्षा विभाग, ३०प्र०।
6. निजी सचिव, मा० राज्यमंत्री जी, चिकित्सा शिक्षा विभाग, ३०प्र०।
7. महानिदेशक, चिकित्सा शिक्षा को इस अनुरोध के साथ प्रेषित कि निजी मेडिकल कालेजों को अपने स्तर से सूचित करने का कष्ट करें।

आज्ञा से,



(एस०पी० सिंह)

अनु सचिव।

ADVISORY COMMITTEE REPORT

Reference

Medical Education-1: No-689/71-1-2021-G-228/2017TC-1; Dated 01 May 2021
Covid-19: Prevention and Treatment

Subject

Situation Analysis for New (BF.7) Variant of SARS COV-2

Basis of Report

Series of meetings of the Committee Members held
virtually on 5, 7, 8, 9, 12, 13, 15, 17, 21 and 22 May, 4, 11 June 2021, October 2021,
November 2021, December 2021, 20 April 2022, 23 June 2022, 29 July 2022 and 21
December 2022

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Situation Analysis for New (BF.7) Variant of SARS COV-2

INTRODUCTION

Recently China has abruptly abolished its strict zero COVID policy, owing to mass scale demonstrations by angry public. Also, because maintaining such a strict policy was becoming equally challenging and untenable for such long. Expectedly so, now the COVID cases are rapidly rising and overwhelming the health systems in China. BF.7 is the Omicron variant responsible for the wide-spread in China. India, though optimally vaccinated and also naturally exposed to COVID, is not under imminent threat from this variant, but caution is warranted, as this variant has immense immune escape potential. 4 cases of the new variant (BF.7) have already been reported from India (3 from Gujrat and 1 from Odisha).

CURRENT GLOBAL AND INDIA STATUS

As per W.H.O the total number of confirmed COVID cases and deaths globally as of 20th December 2022 is 206,49,753,806 and 6,648,457, respectively. Globally total number of vaccine doses administered is 13,008,560,983 (Single dose-5,450,104,507; Double dose-5,003,482,156 coverage). Total number of confirmed cases as on 19th December is 4,11,798 and 1289 succumbed due to covid.

As far as India is concerned, the total number of confirmed cases is 44,676,199 and deaths have been 5,30,677. Total number of COVID vaccine doses administered has been 2,199,517,388 (single dose-1,025,482,125; Double dose-950,990,357 coverage). As of 19th December, there are 247 confirmed cases and 5 deaths due to COVID.

Over past few weeks, daily new COVID cases has been increasing in many countries, notably in Japan, South Korea, Brazil and USA.

RECENT CHINA COVID SURGE

Number of COVID cases had been rising steadily since August 2022, peaking in mid-October at nearly 57000 cases/day. Several media reports and from other unconfirmed reports, after the abolition of strict Chinese-Zero-COVID-Policy, owing to public outrage against Government, a massive surge in number of COVID cases has been witnessed recently. Hospitals in major cities of China are completely overwhelmed, and crematoriums overburdened. Abrupt dismantling of the zero covid policy, which was enforced since 3 years in China, had largely prevented wide-spread exposure of public, resulting in inadequate development of natural immunity. At the same time, reduced effectivity of the Chinese COVID vaccine had also resulted in sub-optimal vaccine induced immunity. Hence, when the flood gates to exposure were let open, massive surge in number of COVID cases was expected. It is

believed from media reports that the Chinese Communist Party, is now relying on the policy of early rise in infections, earlier deaths, early peak and early resumption of production to keep afloat its economy.

OMICRON VARIANT-BF.7

BF.7, short form for BA.5.2.1.7, is a sub-lineage of the omicron variant BA.5. that has been rising in this population. It has the strongest infection ability out of the omicron subvariants in China. It is also much quicker to transmit than other variants and has a shorter incubation period. Owing to immune escape capabilities, it has greater capacity to infect people with both previous COVID infection, or vaccination. The R0 of BF7 as compared to the Omicron variant is 10-18.6 versus 5.08. However, this BF.7 has also been detected around the world including India (Kerala and Gujrat), US, UK, Belgium, Brazil, Japan, Germany, France and Denmark. In the US, as of 10th December, BF.7 accounted for 5.7% of infections, from a previous of 6.6% the week prior. Thus, in US this variant is already decreasing. Symptomatology from this is not different from the Omicron variant. It predominantly affects the upper respiratory tract, with fever, cough and running nose, with some cases also having gastrointestinal related symptoms. Severity, mortality and morbidity is less as far as the US population is concerned, probably because of greater and better natural and vaccine induced immunity now in the US population. However, how it behaves in the lower natural and vaccine immunity of Chinese population, is yet to be seen. ***Indians now have a much better natural and vaccine induced immunity to COVID, and in all likelihood this BF.7 should not pose a major threat but constant vigil in the form of community and sentinel surveillance and robust Whole Genome Sequencing will be prudent at this stage along with keeping the hospitals ready for any unforeseen surge in number of cases.***

WHY IS BF.7 A THREAT TO CHINA?

The adoption of strict Zero Covid policy in China for last 3 years has largely prevented wide-spread of the virus. So, while the world was increasingly getting infected and vaccinated, the herd immunity was rising. However, in China, low level of exposure and reduced effectivity of its COVID vaccine, did not increase the herd immunity large enough. Now when the strict isolation, testing, tracking, quarantine and snap lockdowns have all been abruptly terminated, the virus is expected to spread rampantly. Furthermore, good quality health infrastructure is largely concentrated in big cities, with the rural population left to inferior health infrastructure. Hence, when a larger population of China gets infected, the overwhelming of the health systems is expected, as had happened the world over. However, China is not a very transparent information sharing country. So how much information is coming out of China cannot be totally relied upon. Since international travel is full on, it may be just a matter of weeks to months, when this variant also rises in India.

WHAT SHOULD BE OUR PREPARATION IN CONTEXT OF THIS CHINESE OUTBREAK ?

1. "Caution without Panic" is the mantra.
2. Constant vigil in the form of
 - a. Community surveillance by front line workers for RTI and ILI cases
 - b. Sentinel surveillance and
 - c. Robust Whole Genome Sequencing
3. Close watch on the situation in China.
4. Genome sequencing of all positive cases, as already advised by the MoHFW, Govt of India.
5. International travellers coming to U.P. from select countries must be tested; if found positive, genomic sequencing must be done.
6. Increased cluster sampling of at-risk populations.
7. Re-emphasize about the long forgotten "Covid Appropriate Behaviour (CAB)". Vulnerable populations must be advised to adhere to the CAB strictly.
8. Universal Masking at public spaces and during flights (closed spaces) needs to be re-introduced.
9. Vaccination drive to be continued as before both for adults and children.
10. Vulnerable populations, booster (3rd shots) to be completed.
11. Sensitize the hospitals about the new arising situation and mock-drills to gear up the systems.
12. Sensitize the public without creating panic in their minds.